



Economic Recovery Stimulus Program Checklist

Required Documentation

- Completed and signed application
- 2018 or 2019 Business or Non-Profit Federal Tax Returns (latest year filed);
 - If business has been open for less than one year, then the last six months of business bank statements are required.
- Copy of current Business Lease Agreement **OR** Copy of Deed Copy of valid City of Norwalk Business License
- Documentation of previously received PPP loan, SBA fund, or any other COVID-19 federal relief funding, if applicable
- Disclosure of delinquent or defaulted federal loans in the last seven (7) years, if applicable
- Proof of lease, rent, or mortgage delinquency, if applicable
 - Eligible documentation includes overdue bill or letter from the landlord for no more than the latest three (3) months
- Proof of utility delinquency, if applicable
 - Eligible documentation includes overdue bill or letter from the utility company for no more than the latest three (3) months
- Payroll for the employee(s) employed at the business for January and February 2020 who reside in a CDBG-eligible area and/or in household that meets income eligibility requirements (80% of County Median Income)
 - Please include name and address of each employee
- Form W-9 dated within the calendar year from the landlord/utility company, preferably typed

For Supplies/Materials for Preventing the Spread of COVID-19:

- Itemized receipts/invoices of supplies/materials. In some cases, a photo and/or inspection may be required.
- A description of what the purchased items were used for (staff, customers, to help maintain social distancing, etc.)
- Form W-9 dated within the calendar year from your respective business, preferably typed

Documentation for Outdoor Business Operation Reimbursement (Maximum \$10,000 Grant):

- Itemized receipts/invoices of supplies/materials. In some cases, a photo may be required.
- A description of what purchased items were used for (help maintain social distancing, physical barriers, seating, etc.)
- Approved permit (or submitted application verification) to the Norwalk Planning Division for Outdoor Business Operation
- Form W-9 dated within the calendar year from your respective business, preferably typed



Economic Recovery Stimulus Program Application

Please indicate which funding category you are interested in (may select more than one):

- Rent/Utility Payments**
(Maximum 3 months) **Supplies/Materials to Prevent**
Spread of COVID **Reimbursement for**
Outdoor Business Operation
(Maximum \$10,000 Grant)
-

Contact Information

Full Legal Organization Name

Street Address

City **State**

Zip Code

Organization Website

Contact Person

Title

Phone Number **E-Mail Address**

For-Profit Business Applicants

Business Owner First Name

Business Owner Last Name

Phone Number **E-Mail Address**

Street Address **City**

Postal Code

Eligibility Questions (All Applicants)

1. Within the last 5 years, for any felony, have any of the business owners or organization 1) been convicted; 2) pleaded guilty; 3) pleaded nolo contendere; 4) been placed on pretrial diversion; or 5) been placed on any form of parole or probation (including probation before judgment)? Yes No
2. Do you have an active City of Norwalk Business License? Yes No
3. Are you in arrears on rent, lease, or mortgage payments at some point since March 17, 2020? Yes No
4. Have any owners of the business been approved for a PPP loan, SBA funds, or other COVID-19 federal relief funding? Yes No
5. Has any owner of the business ever obtained a direct or guaranteed loan from SBA or any other Federal Agency that is currently delinquent or has defaulted in the last seven (7) years and caused a loss to the government? Yes No
6. Does at least 1 employee: 1) live in a CDBG eligible area (Census Tract or Block Group that is more than 51% low income); **OR** 2) meet eligible income requirements - 80% of County Median Income? Yes No
7. Does your business fall within the following categories: gaming, liquor or tobacco store, marijuana dispensaries and manufacturing, or any business or activity that does not comply with local, state, or federal laws? Yes No

If yes, how much has been approved?

General Information (All Applicants)

Business/Organization Legal Name

DBA or Trade Name (*if applicable*)

TIN (EIN, SSN)

DUNS Number

Business/Organization Address

City State

Postal Code Business Phone No.

Date Incorporated

Type of Industry

Number of Employees

February 2020 Revenue March 2020 Revenue

April 2020 Revenue May 2020 Revenue

June 2020 Revenue What percent of the business do you own?

Is the United States the principal place of residence for all employees of the business included in the Applicant's payroll calculation above? Yes No

Are you a controlling manager of the business or organization? Yes No

COVID-19 IMPACTS

Mark all that may apply.

Are you a citizen or permanent resident of the United States? Yes No

a) Had to lay off at least one employee

Are there any other business owners with 20% or more ownership? Yes No

b) At least one employee contracted COVID-19 at the business

Are all owners with a 20% or greater interest in the business citizens or permanent residents of the U.S.? Yes No

c) Business or organization deemed "non-essential" and was forced to shut down operations

d) Loss in Revenue

Acknowledgment, Agreement, and Certification

Acknowledgment: I/We understand that this loan is being provided by the City of Norwalk based upon the information that I/we have provided in this application. I/We am/are also verifying that there are no outstanding tax liens or legal judgments against the business.

Certification: I/We agree that this application authorizes the City to request additional documentation that may be necessary to verify information for the loan program. I/We also agree that this form authorizes the City to verify the business owner(s) Small Business Administration (SBA) loans/ grants received for this business in connection with coronavirus pandemic and/or CARES Act. By signing below, I/we certify that the above statements are true and correct to the best of my/our knowledge. I/We understand that a false statement may disqualify me/us from benefits.

Owner Signature

Co-Owner Signature

Date

Date